

**Caption of Case)**

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

**TRANSPORTATION COVER SHEET**

**DOCKET  
NUMBER:** 2020-270-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Please type or print)

Submitted by: Lynette JonesTelephone: 843-523-7196Address: 1001 W Evans StreetFax: 843-472-5206Suite 102

Other: \_\_\_\_\_

Florence, SC 29501Email: advantagecarepd@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

**NATURE OF ACTION (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

MAILED  
PSC SC  
NOV 10 2020

RECEIVED

ACCEPTED FOR PROCESSING - 2020 November 10 12:46 PM - SCPSC - 2020-270-T - Page 1 of 16

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 11/05/2020

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. AdvantageCare of Pee Dee LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1001 W Evans Street , Suite 102

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-536-7196

843-472-5206

Phone

Fax

advantagecarepd@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Thomas P Morman 3158 Woodside Drive Effingham, NC 29541

Darrick Campbell 237 Laurel Lane Lot 2 Florence, SC 29506

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

| <u>Assets:</u>                      |           | <u>Liabilities:</u>          |   |
|-------------------------------------|-----------|------------------------------|---|
| Value of Real Estate                | 40,000.00 | Mortgage/Loan on Real Estate | 0 |
| Value of Motor Vehicles             | 24,000.00 | Loans Owed on Motor Vehicles | 0 |
| Cash on Hand                        | 2,500.00  | Business/Other Loans Owed    | 0 |
| Cash in Bank                        | 12,000.00 | Other Liabilities or Debts   | 0 |
| Value of Other Assets and Equipment | 10,000.00 | <b>Total Liabilities</b>     | 0 |
| <b>Total Assets</b>                 | 88,500.00 |                              |   |

#### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

**PROPOSED RATES AND CHARGES FOR SERVICE**Proposed Rates and Charges:

Wheel Chair \$1.40 per mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☐ 1-7 Passengers, including driver

☒ 8-15 Passengers, including driver

| MAKE | YEAR & MODEL | VIN# | EMPTY WEIGHT | WHEEL-<br>CHAIR<br>LIFT |
|------|--------------|------|--------------|-------------------------|
|      |              |      |              |                         |
|      |              |      |              |                         |
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|      |              |      |              |                         |

## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Advantage Care of Pee Dee

Name of Applicant

1001 W Evans Street, Suite 102

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ 1,000,000

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

|                                    |              |           |
|------------------------------------|--------------|-----------|
| Liability Combined Each Occurrence | \$ 1,000,000 | 1,000,000 |
| Medical Payments per Person        | \$ 1,000     | 1,000     |

Molamphy Insurance

Name of Insurance Company

580 SW Broad Street Southern Pines, NC 28387

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

Exhibit Fit, Willing, and Able (FWA)Advantage Care of Pee Dee LLC  
Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.
- ☒ Yes ☐ No
2. Applicant understands that drivers must be in compliance with all OSHA regulations.
- ☒ Yes ☐ No
3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.
- ☒ Yes ☐ No
4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.
- ☒ Yes ☐ No
5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.
- ☒ Yes ☐ No
6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.
- ☒ Yes ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Lynette Jones

Applicant's Signature

Administrator

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

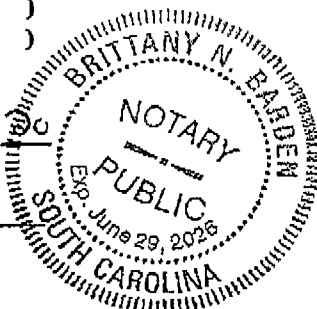
COUNTY OF Florence )

SWORN TO BEFORE ME

This 6<sup>th</sup> day of November, 2020

Brittany N. Barham  
Notary Public

Commission Expires June 29, 2026



Print Application

MOLAMPHY INSURANCE  
580 SW BROAD ST  
SOUTHERN PINES, NC 28387

**PROGRESSIVE**  
COMMERCIAL

ADVANTAGE CARE OF THE PEE  
LLC  
1001 WEST EVANS ST STE 102  
FLORENCE, SC 29541

Underwritten by:  
Progressive Northern Insurance Co  
November 4, 2020  
Policy Period: Nov 5, 2020 - Nov 5, 2021  
Page 1 of 3

Customer Phone number: 1-910-206-8958

## Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized website.

### Policy information

Business type: Passenger Transportation (Not For Hire)  
Sub business type: Social & Health Services

### Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

|                                |            |
|--------------------------------|------------|
| Total policy premium           | \$2,361.00 |
| Paid in full discount          | -292.00    |
| Policy premium if paid in full | \$2,069.00 |

### Payment plans

Payment Method: 11 payments

**Electronic Funds Transfer (EFT)** assures that your payment is on time. Each payment includes a \$5.00 installment fee.

| Payment plan                | Total premium | Initial payment | Payments                |
|-----------------------------|---------------|-----------------|-------------------------|
| 11 Payments, 16.67% Down    | \$2,361.00    | \$395.25        | 10 payments of \$201.58 |
| 10 Payments, 20.0% Down     | \$2,361.00    | \$473.80        | 9 payments of \$214.69  |
| 6 Pay, Seasonal, 20.0% Down | \$2,361.00    | \$473.80        | 5 payments of \$382.44  |
| 10 Payments, 25.0% Down     | \$2,361.00    | \$591.75        | 9 payments of \$201.59  |
| 4 Pay, Seasonal, 25.0% Down | \$2,361.00    | \$591.75        | 3 payments of \$594.75  |

**Make payments by mail** or at progressiveagent.com. Each payment includes a \$12.00 installment fee.

| Payment plan                 | Total premium | Initial payment | Payments                |
|------------------------------|---------------|-----------------|-------------------------|
| 11 Payments, 16.67% Down     | \$2,361.00    | \$395.25        | 10 payments of \$208.58 |
| 10 Payments, 20.0% Down      | \$2,361.00    | \$473.80        | 9 payments of \$221.69  |
| 6 Pay, Seasonal, 20.0% Down  | \$2,361.00    | \$473.80        | 5 payments of \$389.44  |
| 10 Payments, 25.0% Down      | \$2,361.00    | \$591.75        | 9 payments of \$208.59  |
| 4 Pay, Seasonal, 25.0% Down  | \$2,361.00    | \$591.75        | 3 payments of \$601.75  |
| 4 Pay, Quarterly, 25.0% Down | \$2,361.00    | \$591.75        | 3 payments of \$601.75  |
| 1 Payment                    | \$2,069.00    | \$2,069.00      | None                    |
| 2 Payments, 50.0% Down       | \$2,361.00    | \$1,181.50      | 1 payment of \$1,191.50 |

Success Crew 02062020.com

Continued

**To purchase insurance**

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-910-687-4899**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

**Rated drivers**

Failure to accurately and completely report all driver information may result in premium differences and service delays.

| Name             | Age | Marital status | Points | Additional Information |
|------------------|-----|----------------|--------|------------------------|
| THOMAS MORMAN    |     |                | 0      |                        |
| DARRICK CAMPBELL |     |                | 0      |                        |

**Outline of coverage**

| Description                                   | Limits  | Deductible | Premium        |
|---|---|------------|----------------|
| Liability To Others                           |   |            | \$1,453        |
| Bodily Injury and Property Damage Liability   | \$1,000,000 combined single limit               |            |                |
| Uninsured Motorist                            |   |            | 203            |
| Bodily Injury                                 | \$1,000,000 combined single limit each accident |            |                |
| Property Damage                               | (included in combined single limit)             | \$200      |                |
| Underinsured Motorist                         |   |            | 217            |
| Bodily Injury                                 | \$1,000,000 combined single limit each accident |            |                |
| Property Damage                               | (included in combined single limit)             | \$0        |                |
| Medical Payments                              | \$1,000 each person                             |            | 10             |
| Comprehensive                                 |   |            | 218            |
| See Auto Coverage Schedule                    | Limit of liability less deductible              |            |                |
| Collision                                     |   |            | 126            |
| See Auto Coverage Schedule                    | Limit of liability less deductible              |            |                |
| Rental Reimbursement                          |   |            | 88             |
| See Auto Coverage Schedule                    |   |            |                |
| Roadside Assistance                           |   |            | 44             |
| See Auto Coverage Schedule                    |   |            |                |
| <b>Subtotal policy premium</b>                |   |            | <b>\$2,359</b> |
| South Carolina Uninsured Motorist Fund charge |   |            | 2              |
| <b>Total 12 month policy premium and fees</b> |   |            | <b>\$2,361</b> |

**Auto coverage schedule**

1. **2008 Ford E450 SUPER DUTY** Stated Amount: \* \$12,000 (including Permanently Attached Equip)  
 VIN: **1FDXE45PX8DB39447** Garaging Zip Code: 29541 Territory: 5 Radius: 100 miles  
 Personal use: N Body type: Delivery Van Use class: C

| Liability<br>Premium       | Liability<br>\$1453                           | UM<br>\$177                    | UM<br>\$212                      | UM PD<br>\$26                 | UM PD<br>\$5                 | Med Pay<br>\$10 |
|----------------------------|---|--------------------------------|----------------------------------|-------------------------------|------------------------------|-----------------|
| Physical Damage<br>Premium | Comp/Glass<br>Deductible<br>\$100             | Comp/Glass<br>Premium<br>\$218 | Collision<br>Deductible<br>\$250 | Collision<br>Premium<br>\$126 |                              |                 |
| Other Coverages<br>Premium | Rental<br>Limit<br>\$50 per day<br>Max \$1500 | Rental<br>Premium<br>\$88      | Roadside<br>Limit<br>Selected    | Roadside<br>Premium<br>\$44   | Auto Total<br><b>\$2,359</b> |                 |

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Form QTE (05/08)

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Nov 03 2020  
REFERENCE ID: 643932

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

  
SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic

Filing ID: 201103-1028528

Filing Date: 11/02/2020

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

Advantage Care of Pee Dee LLC

\*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is  
1001 W Evans St suite 102

(Street Address)

Florence, South Carolina 29501

(City, State, Zip Code)

3. The initial agent for service of process is

Thomas Morman

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:  
1001 W Evans St suite 102

(Street Address)

Florence

(City)

South Carolina 29501

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Thomas Morman

(Name)

1001 W Evans St suite 102

(Street Address)

Florence, South Carolina 29501

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Nov 03 2020

REFERENCE ID: 643932

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

Advantage Care of Pee Dee LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time \_\_\_\_\_

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Nov 03 2020

REFERENCE ID: 643932

  
SECRETARY OF STATE OF SOUTH CAROLINA

Advantage Care of Pee Dee LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Thomas P Morman

Signature of Organizer

Date: 11/02/2020

Signature of Organizer

Date:

# *The State of South Carolina*

## *Office of Secretary of State Mark Hammond*

### **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Advantage Care of Pee Dee LLC, a limited liability company duly organized under the laws of the State of South Carolina on November 2nd, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 4th day  
of November, 2020.

  
Mark Hammond, Secretary of State